



Epidemiologic Notes & Reports

Volume 33 Number 2

February 1998

National Child Passenger Safety Awareness Week February 8-14, 1998

- The leading cause of death for Kentucky children ages 5 to 17 years is related to riding in a motor vehicle. In 1996, motor vehicle occupancy contributed to 63 of 187 (34%) injury deaths for that age group.¹
- Based on observational surveys, Kentucky State Police report a steady increase in the use of child safety restraints.^{2,3}
- Every \$45 child safety seat used saves this country \$85 in direct medical costs, and an additional \$1275 in other costs to society.⁴
- If *all* U.S. child passengers in this youngest age group were restrained, an additional 200 lives could be saved and 20,000 injuries could be prevented annually.⁵

The total annual cost of U.S. motor vehicle-related death and injury exceeds \$33 billion for all children ages 14 and under, and exceeds \$8.5 billion among children ages 4 and under. Child safety seats and safety belts not only reduce health care costs by preventing injury, but also reduce the severity of injury. Among children hospitalized for motor vehicle-related injuries, those who were unrestrained incurred 60 to 70% greater hospital costs. For the period 1982 through 1995 it is estimated that over 2900 lives were saved by child restraint use. In 1994, only 61% of children ages 1 to 4 and 58% of those ages 5 to 14 were restrained by safety restraints or seat belts.

In This Issue . . .

National Child Passenger & Safety Awareness Week, February 8-14, 1998	1-3
Update: Influenza	3
Readers' Survey	4
Selected Reportable Diseases	5
Reader's Note	6

It is estimated nationally that nearly 80% of children who are placed in child safety restraints are improperly restrained. If misuse of child safety restraints were eliminated, an additional 30 deaths and 24,000 injuries could be prevented annually. This would save another \$1 billion in total costs, including \$70 million in medical costs. In the case of air bags and children, of the 46 children killed by passenger air bags through September 1997, nearly all of them were either unrestrained or improperly restrained.⁴

A 1990-1991 national study of child occupant injuries reported that 37% of youngsters studied who were between ages 1 and 4 used a safety belt rather than a more protective child restraint or booster seat. Another 22% of those children rode completely unrestrained. The usage rate for children over age 2 dropped dramatically while exposure and injury rates soared. Fewer than 30% of 3 year olds were riding restrained in child restraints, while the proportion of 4 year children was even less, under 20%.⁶

Child safety restraint use is lower in rural areas and low-income communities. Lack of access to

National Child Passenger Safety Awareness Week (continued from page 1)

affordable child safety seats contributes to a lower usage rate among low-income families. However, 95% of low-income families who own a child safety seat use it.⁵ The Department for Public Health, Division of Adult and Child Health, has administered a local health department safety seat loan/give-away program for over a decade. Also, the Kentucky State Police Highway Safety Program is providing safety seats using National Highway Traffic Safety funds. The Program has worked collaboratively with the Department for Public Health both in providing safety seats and in teaching personnel who educate families on the importance and proper use of child passenger restraints.

The National SAFE KIDS Campaign has been very active in providing safety seats to low-income Kentucky families. Using funds from General Motors, the Campaign provided seats through state and local SAFE KIDS Coalitions. More than 200 safety seats have been provided to low-income families in Kentucky over the last two years by the state, and the Louisville/Jefferson County and Fayette County SAFE KIDS Coalitions. Over 5000 safety seats were distributed statewide to low income families for the 1996-97 fiscal year through partnerships of the Department for Public Health, state and local SAFE KIDS, the Kentucky State Police, and the Kentucky Injury Prevention and Research Center. While most of the seats were dispensed by local health departments to their clients, family care centers, social services offices, and other agencies also distributed safety seats.

Kentucky passed child restraint legislation in 1982, a primary law requiring children shorter than 40 inches to be in a child safety restraint while riding in a motor vehicle. Based on observational surveys by Kentucky State Police, the restraint usage for children under four years of age has risen from 57% in 1991² to 79% in 1996.³ The use of restraints for children 4 to 5 years of age was 36% in 1991² and by

1996 had increased to 56%.³

The Kentucky SAFE KIDS Coalition, a joint project of the Kentucky Department for Public Health, Division of Adult and Child Health, and the National SAFE KIDS Campaign, is committed to reducing preventable injuries to children. The State Highway Safety Offices and local health departments conducted special projects during National Child Passenger Safety Awareness Week. If you are interested in providing information to clients regarding child passenger safety or have questions about the Kentucky SAFE KIDS Coalition, call Patty Sewell at 502-564-2154.

National Child Passenger Safety Awareness Week (continued from page 2)

Prevention Tips to Reduce Child Death and Injuries from Motor Vehicle Crashes⁵

- Always use child safety seats and/or safety belts correctly every time you ride.
- Restrain children ages 12 and under in the back seat. It is estimated that children ages 12 and under are 36% less likely to die in a crash if seated in the back of a passenger vehicle.
- Infants, until at least 1 year old *and* at least 20 pounds, should be in rear-facing child safety seats. Never put a rear-facing infant or convertible safety seat in the front passenger seat of a vehicle with a passenger air bag.
- Read your child safety seat instruction manual *and* your motor vehicle owner's manual for directions on proper installation. Some vehicles require supplemental attachment hardware, such as a special child seat buckle, to ensure proper fit of child safety seats.
- Call the National Highway Traffic Safety Administration's Auto Safety Hotline at 800-424-9393 to inquire about any recalls or safety notices on your child safety restraint.

REFERENCES

- 1 Kentucky Department for Public Health, Health Data Branch. Death Statistics, 1996.
- 2 Agent KR. 1991 Safety belt usage survey and evaluation of effectiveness in Kentucky (Research report KTC-91-9). Lexington, KY: Kentucky Transportation Center, University of Kentucky, September 1991.
- 3 Agent KR. 1994 Safety belt usage survey and evaluation of effectiveness in Kentucky (Research report KTC-94-19). Lexington, KY: Kentucky Transportation Center, University of Kentucky, September 1994.
- 4 National SAFE KIDS Campaign. Fact sheet. Washington, DC: National SAFE KIDS Campaign, September 1996.
- 5 National SAFE KIDS Campaign. Fact sheet. Washington, DC: National SAFE KIDS Campaign, September 1997.
- 6 American Academy of Pediatrics. Time to target toddlers, school children. Safe Ride News, Vol. 13 No. 3, Summer 1994, 2.

Influenza Update:

Adapted from a press release from the Centers for Disease Control and Prevention (CDC), dated January 14, 1998.

A/Sydney/05/97 (H3N2)-like viruses in the United States

In the November 21, 1997 edition of the *MMWR*, CDC reported the isolation of influenza A(H3N2) viruses from nursing home residents in Hawaii and from passengers aboard a cruise ship sailing between New York and Montreal. These influenza isolates were characterized as A/Sydney/05/97 (H3N2)-like, a related variant of the A/Wuhan/359/95-like virus contained in the 1997-98 influenza vaccine.

The A/Sydney/05/97-like (H3N2) strain was first identified in Australia and New Zealand during June 1997. Because vaccine effectiveness is dependent, in part, on the match between the vaccine and the circulating strains, protection could be less than optimal in persons infected with A/Sydney/05/97-like viruses. Antibodies to A/Wuhan/359/95-like viruses do crossreact with A/Sydney/05/97-like viruses. Therefore vaccination with the currently available influenza vaccine will provide some protection.

Even when vaccine and epidemic strains match closely, outbreaks can occur among vaccinated persons. In closed or semi-closed settings, measures should be taken to reduce the contact between symptomatic and asymptomatic persons during outbreaks. Chemoprophylaxis of non-ill persons with anti-viral drugs, rimantadine or amantadine, also should be considered during influenza A outbreaks where persons at risk for influenza-related complications are in close proximity (e.g., nursing homes.) These anti-viral drugs can also be used to reduce the severity and duration of influenza A illness when treatment is initiated within 48 hours of illness onset.

If you have questions about this or other influenza issues, call Karen Adams, Surveillance Nurse Consultant, Division of Epidemiology & Health Planning at 502-564-3418. You may refer any press calls you receive to the CDC Office of Public Affairs at 404-639-3286.

Ooops

We made a mistake. An error was made in the December 1997 issue of *Kentucky Epidemiologic Notes and Reports* in the Immunization Schedules article on page 3. Table 2, Required Schedule for Age.

Correction is: the first age **should be** (less than) <3 months - not (greater than) >3 months.

If you wish a corrected copy of this table call: Nancy Yates, Managing Editor, at 502-564-3418 who will mail you a copy.

Our Readers Are Important!!!!

Tell Us What you Think!

We want to continue a newsletter that you find useful and look forward to receiving.
Thank you for completing and returning this survey.

Reader's Survey of *Kentucky Epidemiologic Notes & Reports*

A. Your reading habits (please circle ONE response)

I read the newsletter:	Every month	Sometimes	Rarely
I usually read:	Every article	Selected articles	
I rate overall quality:	Excellent	Good	Poor
I have read these recent issues (please circle ALL that apply):			
	January 1998	December 1997	November 1997

B. How do you rate us? (circle ALL that apply)

Content & data:

Interesting	Useful in my work	Accurate	Relevant
-------------	-------------------	----------	----------

Literary quality:

Clear	Satisfactory article length	Appropriate
-------	-----------------------------	-------------

Appearance:

Attractive	Readable type	Clear graphics	Appealing layout
------------	---------------	----------------	------------------

C. Topics you want to read in the newsletter (please circle ALL that apply)

Infectious diseases	Chronic diseases	Maternal & child health
Environmental Health	Injury / violence prevention	Vital statistics

reports

Health policy & planning	Other:
--------------------------	--------

Suggested topic(s) and /or author(s) for future issues: _____

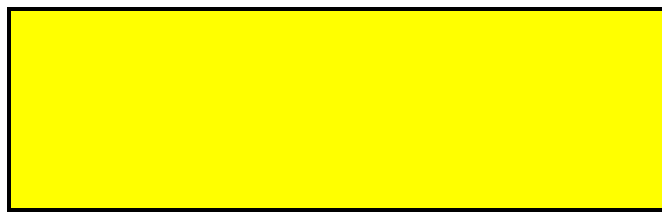
D. Something about yourself: (Please check appropriate items)

<input type="checkbox"/> Local health department	<input type="checkbox"/> Physician	<input type="checkbox"/> Infection control
<input type="checkbox"/> State health department	<input type="checkbox"/> Dentist	<input type="checkbox"/> Practitioner
<input type="checkbox"/> Hospital/nursing home	<input type="checkbox"/> Nurse	<input type="checkbox"/> Laboratorian
<input type="checkbox"/> University faculty	<input type="checkbox"/> Administrator	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Other local or state agency	<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Nutritionist
	<input type="checkbox"/> Other _____	

(attach your mailing label here)

Please remove my name from your mailing list.

☐ I will be using the Cabinet for Health



KENTUCKY EPIDEMIOLOGIC NOTES & REPORTS

Printed With State Funds

by the
COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

Kentucky Epidemiologic Notes and Reports is a free, monthly publication of the Kentucky Department for Public Health. Materials may be reproduced without permission. For more information call 502-564-3418.

Rice C. Leach, MD, Commissioner
Department for Public Health

Clarkson Palmer, MD, MPH, Acting State Epidemiologist,
Acting Director, Division of Epidemiology & Health Planning

Joyce A. Bothe, Editor, Assistant Director,
Division of Epidemiology & Health Planning

Nancy Yates, Managing Editor

Contributor to this issue:

Patty Sewell

Reminder

The *Kentucky Epidemiologic Notes & Reports* can be accessed through the Internet on the Cabinet for Health Services Web page and will be posted in the PDF format. If you have Acrobat installed, you can download the viewer, Acrobat Reader, from the Web site. Anyone with Internet access can download and print out the publication.

Address: <http://cfc-chs.chr.state.ky.us/LHL1.htm>

Reader's
Survey.



Please take a few minutes to fill out the survey on page 4 and mail it to: Nancy Yates, Managing Editor, Surveillance and Investigations Branch, Division of Epidemiology and Health Planning, 275 East Main Street, Mailstop HS 2CB, Frankfort,